Missoula City-County Health Department
Infectious Disease Office
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File Transfer: missoula.co\idreporting

Missoula Public Health
City-County Health Department

CONFIDENTIAL SEXUALLY TRANSMITTED INFECTION CASE RECORD

Complete this form for Chlamydia, Gonorrhea or Syphilis

Patient information
Preferred Name: _____
Legal Name (Last, First, MI): _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____ Phone: _____
Age: _____ Date of Birth: _____

Race (mark all that apply)
- ☐ White
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ Middle Eastern

Ethnicity
- ☐ Hispanic
- ☐ Non-hispanic

Gender Identity
- ☐ Man/Male
- ☐ Woman/Female
- ☐ Transgender man (trans man, trans masculine, or trans female-to-male)
- ☐ Transgender woman (trans woman, trans feminine, or trans male-to-female)
- ☐ Gender non-conforming, gender queer, or non-binary person
- ☐ Another gender identity (please specify) _____

Patient Diagnosis
- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ Syphilis
  - ☐ RPR/VDRL
  - ☐ TPPA
  - ☐ Stage Please Select

Specimen Collection/Clinical Diagnosis
Name of Lab Performing Test: _____
Date Lab Collected: _____ Date result rcvd: _____
Test Type: _____
Test Source (anatomical site): _____

Clinic Name: _____
Health Care Provider: _____
Provider's Phone: _____

Patient Treatment Information

Date:	Med: Doxycycline	Dose: 100mg BID	Duration: x7 days
Date:	Med:	Dose:	Duration:
Date:	Med:	Dose:	Duration:

Contact Interview
Interviewer: _____ Date: _____ Interviewing Agency: _____

Sex Partners(If necessary, please include contact information of additional individuals on the back of this form)

Name, Address, Phone number	Gender	Date of last exposure	Test Date	Date of treatment or previous treatment
1.				
2.				
3.				
4.				
5.				

Patient Risk Assessment Information
(Mark applicable answers and complete patient exposure information within past 12 months as required by CDC)

- ☐ Pregnant _____Weeks
- ☐ Pelvic Inflammatory Disease
  (Please See CDC's STI Treatment Guidelines for appropriate treatment)
- ☐ Sex W/ Male
- ☐ Sex W/ Female
- ☐ Sex W/ Transgender
- ☐ Sex W/ Anonymous Partners
- ☐ Sex W/O Condom
- ☐ Sex W/ Known IDU
- ☐ Sex While Intoxicated/High
- ☐ Exchanged Drugs/Money For Sex
- ☐ Females Sex W/ Known MSM
- ☐ Been Incarcerated
- ☐ Drug Use
- ☐ IV Drug Use
- ☐ Shared Needles
- ☐ Patients HIV Status:
  ☐ Pos (+) ☐ Neg (-) ☐ Unk
- ☐ Meet Partners on The Internet Apps Used: Please Select
- ☐ Prior STI History
- ☐ Patient Counseled For HIV
- ☐ Patient Screened for:
  - ☐ Chlamydia
  - ☐ Gonorrhea
  - ☐ Syphilis
- ☐ Reason for Exam:
  - ☐ Symptomatic
  - ☐ Asymptomatic
  - ☐ Contact to STI
  - ☐ Prenatal
- ☐ Partners Referred to Agencies Offering Free/Reduced-Cost Testing?

Please complete 100% of this form using Chrome or Adobe and Secure File Transfer to missoula.co\idreporting **Revised 11/18/2021***